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**Date:** 7/12/2021

**Fax:**

**To:** Yan Fu, Esq.  
**THE FU FIRM PLLC**  
43 WEST 43RD STREET  
SUITE 205  
NEW YORK, NY 10036  
Phone: 212-584-0581

**Re:** Elbey, Prinyah  
DOB: 04/18/1993  
VSI ID: 7167-64171  
Case #:

**Records From:** Bellevue  
462 1st Ave  
New York, NY 10016

**Pages in this distribution (including this cover sheet): 32**

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THE FU FIRM PLLC  
Attn: Yan Fu, Esq.  
43 WEST 43RD STREET  
SUITE 205  
NEW YORK, NY 10036

Date 7/8/2021  
Invoice # 7167-64171  
Due Date 7/23/2021  
Facility Bellevue

### Information from Bellevue

462 1st Ave , New York, NY 10016

<u>Item</u>	<u>Qty</u>	<u>Description</u>	<u>Amount</u>
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THE FU FIRM PLLC  
43 West 43rd Street, Suite 205  
New York, NY 10036  
(212) 584-0581  
www.thefufirm.com

June 23, 2021

NYC Health + Hospitals/Bellevue  
ATTN: Health Information Management  
462 First Avenue  
New York, New York 10016

Dear Health Information Management:

I am an attorney and I write to request the medical records of my client, Prinyah El-Bey a/k/a Clermontine El-Bey, from January 8, 2020 until the present day. With regard to care that she received on or around January 8, 2020 and January 9, 2020, Ms. El-Bey was provided a medical record number of 4040258

Enclosed please find the signed original Request for Access to Health Information.

I request that the documents be sent via email/electronically (to the extent possible) to my attention at [yfu@thefufirm.com](mailto:yfu@thefufirm.com).

Sincerely,

*Yan Fu*

Yan Fu, Esq.

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

[This form has been approved by the New York State Department of Health]

Patient Name <b>Prinyah El-Bey</b>	Date of Birth <b>4/18/1993</b>	Social Security Number <b>901-03-2747</b>
Patient Address <b>40 Ann St. #2BA, New York, NY 10038</b>		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV\* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: <b>NYC Health + Hospitals/Bellevue, 462 First Ave., New York, NY 10016</b>	
8. Name and address of person(s) or category of person to whom this information will be sent: <b>The Fu Firm, 43 West 43rd Street, Suite 205, New York, NY 10036 ATTN: YAN FU</b>	
9(a). Specific information to be released: <input checked="" type="checkbox"/> Medical Record from (insert date) <b>1/8/2020</b> to (insert date) <b>Present</b> <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input type="checkbox"/> Other: _____	
Include: (Indicate by Initialing) <b>PEB</b> Alcohol/Drug Treatment <b>PEB</b> Mental Health Information <b>PEB</b> HIV-Related Information	
<b>Authorization to Discuss Health Information</b> (b) <input checked="" type="checkbox"/> By initialing here <b>PEB</b> I authorize <b>NYC Health + Hospitals</b> Initials Name of individual health care provider to discuss my health information with my attorney, or a governmental agency, listed here: <b>The Fu Firm</b> (Attorney/Firm Name or Governmental Agency Name)	
10. Reason for release of information: <input checked="" type="checkbox"/> At request of individual <input type="checkbox"/> Other:	11. Date or event on which this authorization will expire: <b>Conclusion of Litigation of El-Bey v. MTA, 20CV524</b>
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

**Prinyah El-Bey**  
Signature of patient or representative authorized by law.

Date: **7/7/21**

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



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June 23, 2021

NYC Health + Hospitals/Bellevue  
ATTN: Health Information Management  
462 First Avenue  
New York, New York 10016

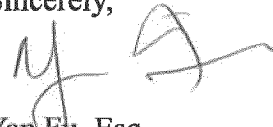
Dear Health Information Management:

I am an attorney and I write to request the medical records of my client, Prinyah El-Bey a/k/a Clermontine El-Bey, from January 8, 2020 until the present day. With regard to care that she received on or around January 8, 2020 and January 9, 2020, Ms. El-Bey was provided a medical record number of 4040258.

Enclosed please find the signed original Request for Access to Health Information.

I request that the documents be sent via email/electronically (to the extent possible) to my attention at [yfu@thefufirm.com](mailto:yfu@thefufirm.com).

Sincerely,



Yan Fu, Esq.

# NYC HEALTH + HOSPITALS

## Request for Access to Health Information

Patient Name: Queen P. Meyer SadrasDOB: 04/18/1993Medical Record Number: 4040258Telephone Number: (313) 201-0318

NYC Health + Hospitals will use this form to document your request for access to your health information.

Access Requested: ☒ Copies ☐ Onsite Inspection

Format Requested: ☐ Paper ☐ CD ☒ Email ☐ Other: \_\_\_\_\_

### Method of Release:

☐ Pickup/In Person☒ E-mail to: yfu@thefufirm.com☐ Mail to: \_\_\_\_\_

### INFORMATION BELOW IS REQUIRED FOR ALL REQUESTS

Information to be Accessed: 1/8/2020 -

☒ Health Information (date(s)) 1/8/2020☒ Laboratory Test Results (date(s)) 1/8/2020☒ Billing Records (date(s)): 1/8/2020☐ Other (please specify): \_\_\_\_\_☒ Radiology Reports (date(s)) 1/8/2020☒ Progress Notes (date(s)) 1/8/2020☐ My complete medical record

The following information will not be released unless you specifically select each applicable type below:

☐ Substance Use Disorder Information☒ Mental Health Information☐ Genetic Testing Information☐ HIV-Related Information

I understand that I have the right to access my health information in the form and format requested if readily producible in such form and format, and that if NYC Health + Hospitals cannot readily produce such health information in the form and format requested, I will be provided a readable hard copy form or such other form and format as mutually agreed upon.

I understand that if I request an electronic copy of my health information, it will be provided to me if readily producible in such form and format, or if not, in a readable electronic form and format as mutually agreed upon.

I understand that if I request on-site inspection of my health information that the respective Health Information Management Department is responsible for coordinating such inspection in a reasonable and timely fashion.

I understand that if I request copies of my health information, I may be charged a reasonable cost-based fee for such request and that any fee estimates will be provided to me prior to being charged. I also understand that my inability to pay may not be used as the sole reason to deny a request to access my health information.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE: Queen P. Meyer SadrasDATE/TIME: June 22, 2021

IF NOT PATIENT, PRINT NAME, ADDRESS AND PHONE NUMBER OF PERSONAL REPRESENTATIVE: \_\_\_\_\_

RELATIONSHIP/AUTHORITY TO ACT ON BEHALF OF PATIENT: \_\_\_\_\_

NAME OF EMPLOYEE PROCESSING REQUEST: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_





Bellevue

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Elbey, Prinyah Godiah  
MRN: 3726120, DOB: 4/18/1993, Sex: F  
Acct #: 201306226  
Admit: 1/9/2020, Discharge: 1/9/2020

#### ED Triage note by Shawnmarie Jackson, NP at 01/09/20 0315

Author: Shawnmarie Jackson, NP	Service: Adult Psych	Author Type: Nurse Practitioner
Filed: 01/09/20 0318	Date of Service: 01/09/20 0315	Creation Time: 01/09/20 0315
Status: Addendum	Editor: Shawnmarie Jackson, NP (Nurse Practitioner)	
Related Notes: Original Note by Shawnmarie Jackson, NP (Nurse Practitioner) filed at 01/09/20 0318		

Pt is AOA x 3 follows commands answers questions appropriately breathing room air without distress yelling screaming threatening to kill and beat up NYPD and EMS Pt refused Vital Signs stating "Don't fucking touch me" Pt refused to give any medical information as well

"Electronically signed by Shawnmarie Jackson, NP at 01/09/20 0318"

#### Patient Care Conference by Jessica Bonnie Poster, MD at 01/09/20 0332

Author: Jessica Bonnie Poster, MD	Service: Psychiatric Emergency Dept	Author Type: Physician
Filed: 01/09/20 0402	Date of Service: 01/09/20 0332	Creation Time: 01/09/20 0332
Status: Addendum	Editor: Jessica Bonnie Poster, MD (Physician)	
Related Notes: Original Note by Jessica Bonnie Poster, MD (Physician) filed at 01/09/20 0335		

Attempted to call AES but could not reach attending. \*Alternate MRN 1704574\* Patient arrived here by EMS because she refused to leave Penn Station. Here she has no psychiatric complaints. She is complaining of wrist pain and numbness in her hand after being handcuffed. She is also complaining that she was kicked in the side by PD. She has a PMH of WPW s/p unsuccessful ablations, asthma, paraplegic since age 15 and wheelchair bound. All of her complaints are medical and she will be sent to AES for further workup. Psych note to follow. She is discharged from CPEP and does not need to return.

"Electronically signed by Jessica Bonnie Poster, MD at 01/09/20 0402"

#### ED Notes by Audia Williams, RN at 01/09/20 0335

Author: Audia Williams, RN	Service: Psychiatric Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 0339	Date of Service: 01/09/20 0335	Creation Time: 01/09/20 0335
Status: Signed	Editor: Audia Williams, RN (Registered Nurse)	

Patient refused to leave penn station, states she was visiting a friend in penn station. Patient Denies SI/HI//AVH/ PMH/PPH

"Electronically signed by Audia Williams, RN at 01/09/20 0339"

#### ED Dispo Note by Jessica Bonnie Poster, MD at 01/09/20 0344

Author: Jessica Bonnie Poster, MD	Service: Psychiatric Emergency Dept	Author Type: Physician
Filed: 01/09/20 0347	Date of Service: 01/09/20 0344	Creation Time: 01/09/20 0344
Status: Signed	Editor: Jessica Bonnie Poster, MD (Physician)	

Note Initiated: 01/09/2020 at 3:44 AM

#### ED Disposition Note:

##### Diagnosis

The encounter diagnosis was Adjustment disorder with disturbance of conduct.

##### Disposition



Bellevue

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Elbey, Prinyah Godiah  
MRN: 3726120, DOB: 4/18/1993, Sex: F  
Acct #: 201306226  
Admit: 1/9/2020, Discharge: 1/9/2020

**ED Dispo Note by Jessica Bonnie Poster, MD at 01/09/20 0344 (continued)**

**ED Disposition**

ED Disposition	Comment
<b>Send to Adult ED</b>	El-Bey Clermontine discharge to home/self care. Sent to AES
	Condition at discharge: Stable

Patient seen in CPEP for evaluation and is psychiatrically stable for discharge.

**ASSESSMENT**

Formulation: See PES note

Discharge Diagnosis:

**1. Adjustment disorder with disturbance of conduct**

Safety Risk Assessment: See SAFE-T and PES note

Discharge Medical Evaluation: I have reviewed the patient's physical and psychiatric needs before discharge, including laboratory and imaging studies obtained during this visit. Patient was in no acute medical distress at the time of my evaluation. Review of systems was completed, with no significant findings. No labs were collected during this visit. Patient is complaining of wrist pain and numbness after being handcuffed and will be sent to AES for workup.

**DISCHARGE PLAN**

**1. Psychiatric**

Medications: See Discharge Med Rec

Follow-up: See AVS

Safety plan completed? No, not indicated as patient not identified as high or moderate risk for suicide. Patient is psychiatrically stable for discharge. Please see PES note and AVS for details of discharge plan. Discharge plan reviewed with patient, including to call 911 or return to nearest ED or CPEP in case of worsening symptoms.

**2. Medical**

Medications: See Discharge Med Rec

Follow-up: See AVS

Patient is medically stable for discharge. Please see AVS and Discharge Medical Evaluation above for details.

**Patient/Collateral Involvement**

Patient is in agreement with discharge plan: Yes

Collateral was involved in discharge planning: No

"Electronically signed by Jessica Bonnie Poster, MD at 01/09/20 0347"

**PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351**

Author: Jessica Bonnie Poster, MD	Service: Psychiatric Emergency Dept	Author Type: Physician
Filed: 01/09/20 0420	Date of Service: 01/09/20 0351	Creation Time: 01/09/20 0351
Status: Signed	Editor: Jessica Bonnie Poster, MD (Physician)	

**PSYCHIATRIC EMERGENCY SERVICES ASSESSMENT**



Bellevue

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Elbey, Prinyah Godiah  
MRN: 3726120, DOB: 4/18/1993, Sex: F  
Acct #: 201306226  
Admit: 1/9/2020, Discharge: 1/9/2020

PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351 (continued)

**Encounter Time:** Face-to-face evaluation with patient conducted at (date, time): 1/9/2020 330 am

**Encounter Location:** Bellevue Hospital Center - CPEP

Information/Referral Source

- Source of Referral: EMS/NYPD
- History obtained from: chart review and the patient
- Records from Previous Admissions/Provider(s) Reviewed? Yes, the following records were reviewed: Epic, Quadramed
- Barriers to Assessment: None

Language & Interpretation Needs/Services

- Preferred Language: English
- Patient is not hard of hearing, deaf, or mute
- Patient preferred to speak English for this assessment.
- Interpretation used: None required; clinician is authorized to speak in the patient's preferred language

**CHIEF COMPLAINT / REFERRAL REASON:**

**Chief Complaint**

Patient presents with

- EDP

*Pt was BIBA aided by NYPD from Pen Station where she was agitated fighting and combative*

**HISTORY OF PRESENT ILLNESS**

El-Bey Clermontine is a 26 y.o. female with alternate **MRN 1704574 name Prinyah Godiah Elbey**, with history of borderline personality disorder, malingering, somatization disorder, with prior hospitalizations most recent was at NCB in August after she made a suicidal gesture in order to not return to her nursing home, PMH of HTN, pseudozeisures, DVT, mild anemia, asthma, paraplegia (wheelchair bound since age 15), vertigo, constipation, gastritis, syncope, Wolf Parkinson White Syndrome who was BIB EMS/NYPD handcuffed when she refused to leave Penn Station. Notably police and EMS reported that she was aggressive with them and that they did not believe that she was paralyzed and that she is lying. Patient has well documented chart history of paralysis.

On arrival patient was very upset that she was handcuffed and was very focused on the pain in her hands. The cuffs were removed and she was calm once PD left. She was angry that they brought her to the hospital but while in CPEP was not verbally or physically aggressive with them. She stated that she was in Penn Station tonight meeting a friend who works there and one of the police vehicles asked her to leave. She stated that she did not understand why she had to leave since she was doing nothing and Penn Station is open all night. She stated that police then cuffed her and dragged her to the ground and kicked her in the side. She is upset about this interaction. She denied any mood symptoms, denied psychotic sx. She stated that she does not take or need any psych meds. She denies SI and HI. Denies AVH. She denied any substance use.

**Past Psychiatric History**

- Prior diagnoses: borderline personality disorder, somatization disorder, malingering, pseudoseizures
- Hospitalizations: Many beginning at a young age, last was after a suicidal gesture while in the hospital
- Outpatient treatment: Denies



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**PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351 (continued)**

- Medication trials: Zyprexa
- Suicide attempts/Self-harm: Many gestures but unclear if any actual attempts. patient denies today
- Violence: Denies
- Trauma/Abuse: Did not assess today but per chart patient with trauma history

**HIGH-RISK PSYCHIATRIC HISTORY**

High risk psychiatric history reviewed and updated in field above

**Substance Abuse History**

- Nicotine: Denies
- Alcohol: Denies
- Illicit drugs: Denies
- Prescription drugs: Denies
- Prior treatment: Denies

**Past Medical/Surgical History**

has no past medical history on file.

has no past surgical history on file.

**Medications**: No current facility-administered medications for this encounter.  
No current outpatient medications on file.

Allergies not on file

**Family History (mental illness, substance use, suicide, other)**: Not assessed

**Social History**

**Socioeconomic History**

- Marital status: Unknown
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

**Occupational History**

- Not on file

**Social Needs**

- Financial resource strain: Not on file
- Food insecurity:
  - Worry: Not on file
  - Inability: Not on file
- Transportation needs:
  - Medical: Not on file
  - Non-medical: Not on file

**Tobacco Use**

- Smoking status: Not on file

**Substance and Sexual Activity**

- Alcohol use: Not on file
- Drug use: Not on file
- Sexual activity: Not on file

**Lifestyle**



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**PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351 (continued)**

- Physical activity:
  - Days per week: Not on file
  - Minutes per session: Not on file
- Stress: Not on file

**Relationships**

- Social connections:
  - Talks on phone: Not on file
  - Gets together: Not on file
  - Attends religious service: Not on file
  - Active member of club or organization: Not on file
  - Attends meetings of clubs or organizations: Not on file
  - Relationship status: Not on file
- Intimate partner violence:
  - Fear of current or ex partner: Not on file
  - Emotionally abused: Not on file
  - Physically abused: Not on file
  - Forced sexual activity: Not on file

**Other Topics** Concern

- Not on file

**Social History Narrative**

- Not on file

**Was PSYCKES reviewed?** No: patient declined

**MENTAL STATUS EXAM**

Malodorous female dressed in many layers, laying on stretcher. She is calm once PD leave, she is cooperative and well related. No abnormal movements. Her speech is normal rate, volume and tone. Her TP is linear and logical. No SI or HI. Future oriented. No AVH. Not IP. No e/o delusions or paranoia. Her mood is "in pain" and her affect is labile. Her insight and judgment are fair and IC is intact.

SAFE-T Risk Level: Low Suicide Risk

**FORMULATION**

El-Bey Clermontine is a 26 y.o. female with BPD who was brought in by EMS/NYPD after she refused to leave Penn Station (though unclear why she needed to leave she was not sleeping there and they accused her of feigning her paraplegia) and was brought here for a psych eval after she was aggressive with PD. Patient has no psychiatric complaints, denies SI and HI. She is asking to leave, does not wish for any psych resources and wants to have her wrist evaluated. Her presentation is most consistent with an adjustment disorder on this presentation.

**Risk Assessment:**

Patient is not at acutely elevated risk for harm to self. She denies SI and is future oriented. She is not acutely manic, depressed, psychotic, intoxicated or withdrawing. Chronic risk factors include but are not limited to her homelessness, multiple medical issues, history of trauma/abuse, cluster B personality pathology with prior





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**PES Physician Note by Jessica Bonnie Poster, MD at 01/09/20 0351 (continued)**

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suicidal gestures and acting out when her needs are not met.

Patient is not at acute risk for violence. She denies HI. She has been calm and in good behavioral control while here. She is not acutely psychotic, no CAH. She is not paranoid. She is not intoxicated or withdrawing. Chronic risk factors include but are not limited to prior hospitalizations, cluster B personality traits.

**Working Diagnosis:** adjustment disorder with disturbance of conduct

**PLAN**

- Discharge to AES for medical work up
- Patient was instructed to call 1-888-NYC-WELL, call 911, or return to CPEP if she develops suicidal or homicidal ideation, or any other new or worsening symptoms
- patient declined other MH or housing resources

"Electronically signed by Jessica Bonnie Poster, MD at 01/09/20 0420"

---

**ED Triage note by Shawnmarie Jackson, NP at 01/09/20 0354**

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Author: Shawnmarie Jackson, NP	Service: Adult Psych	Author Type: Nurse Practitioner
Filed: 01/09/20 0355	Date of Service: 01/09/20 0354	Creation Time: 01/09/20 0354
Status: Signed	Editor: Shawnmarie Jackson, NP (Nurse Practitioner)	

Pt is AAO x 3 follows commands answers questions appropriately breathing room air without distress respirations regular and unlabored MOE x 4 irritable refusing to answer questions other than to state she is in pain and yelling at this examiner

"Electronically signed by Shawnmarie Jackson, NP at 01/09/20 0355"

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**ED Progress Note by William Plowe, MD at 01/09/20 0637**

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Author: William Plowe, MD	Service: Emergency Dept	Author Type: Resident
Filed: 01/09/20 0739	Date of Service: 01/09/20 0637	Creation Time: 01/09/20 0637
Status: Signed	Editor: William Plowe, MD (Resident)	
Cosigner: Allon Mordel, MD at 01/09/20 0851		

ED Progress Note:

XR wnl. Pt re-examined after tylenol, pain improved. Remains w/ paresthesias b/l hands worst in radial nerve distribution. Weakness improving, fires all fibers but remains w/ marked weakness globally in hands. Overall c/w handcuff neuropathy. Dispo complicated by fact that pt is wheelchair bound for paraplegia and needs her hands for mobility. Will continue to observe for improvement.

"Electronically signed by Allon Mordel, MD at 01/09/20 0851"

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**ED Notes by Marina Dela Rosa Gabaya, RN at 01/09/20 0720**

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Author: Marina Dela Rosa Gabaya, RN	Service: Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 1156	Date of Service: 01/09/20 0720	Creation Time: 01/09/20 1156
Status: Signed	Editor: Marina Dela Rosa Gabaya, RN (Registered Nurse)	

Received pt. Asleep but arousable, no acute distress noted, awaits dispo.

"Electronically signed by Marina Dela Rosa Gabaya, RN at 01/09/20 1156"



Bellevue

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Elbey, Prinyah Godiah  
MRN: 3726120, DOB: 4/18/1993, Sex: F  
Acct #: 201306244  
Admit: 1/9/2020, Discharge: 1/9/2020

#### ED Supervisory Note by Aiden Rose Shapiro, MD at 01/09/20 0844

Author: Aiden Rose Shapiro, MD	Service: Emergency Dept	Author Type: Resident
Filed: 01/09/20 0847	Date of Service: 01/09/20 0844	Creation Time: 01/09/20 0844
Status: Signed	Editor: Aiden Rose Shapiro, MD (Resident)	
Cosigner: Allon Mordel, MD at 01/09/20 0854		

26yo F pmh asthma, wpw, paraplegia from sailing accident, now here w wrist pain/numbness. Pt was an EDP BIBNYPD after being dragged from her wheelchair by police, thrown against wall, pinned on top of her arms in cuffs for over an hour. Subsequently she had severe pain in her hands/wrists, numbness/tingling, and weakness in blt hands. On exam pt very tender throughout hands. Diminished sensation in radial/medial distribution, better in ulnar. Minimal grip strength, although limited 2/2 pain. Will get xrs, pain control. Concern is for most likely neuropraxia, but given that pt ambulates via wheelchair, will be difficult to discharge without full function of her hands.

"Electronically signed by Allon Mordel, MD at 01/09/20 0854"

#### ED Dispo Note by Kyle Pasternac, MD at 01/09/20 1003

Author: Kyle Pasternac, MD	Service: Emergency Dept	Author Type: Resident
Filed: 01/09/20 1003	Date of Service: 01/09/20 1003	Creation Time: 01/09/20 1003
Status: Signed	Editor: Kyle Pasternac, MD (Resident)	
Cosigner: Jessica Harris Leifer, MD at 01/09/20 1035		

Note Initiated: 01/09/2020 at 10:03 AM

#### ED Disposition Note:

##### Diagnosis

The encounter diagnosis was Pain in both wrists.

##### Disposition

#### ED Disposition

ED Disposition	Comment
<b>Discharge</b>	El-Bey Clermontine discharge to home/self care.
	Condition at discharge: Good

##### Follow-Up With

No follow-up provider specified.

##### Home Medications No Changes

There are no discharge medications for this patient.

##### Home Medication Changes

#### Modified Medications

No medications on file

#### Discontinued Medications

No medications on file



Bellevue

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**ED Dispo Note by Kyle Pasternac, MD at 01/09/20 1003 (continued)**

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Prescriptions Given This Visit

There are no discharge medications for this patient.

Consults

None

Final Assessment and Plan

NV intact b/l, still with pain but neuropraxia resolved.

"Electronically signed by Jessica Harris Leifer, MD at 01/09/20 1035"

---

**ED Notes by Marina Dela Rosa Gabaya, RN at 01/09/20 1156**

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Author: Marina Dela Rosa Gabaya, RN	Service: Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 1157	Date of Service: 01/09/20 1156	Creation Time: 01/09/20 1157
Status: Signed	Editor: Marina Dela Rosa Gabaya, RN (Registered Nurse)	

Pt. Transferred to D/C center, awake and responsive.

"Electronically signed by Marina Dela Rosa Gabaya, RN at 01/09/20 1157"

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**Progress Notes by Amy Acosta, LMSW at 01/09/20 1232**

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Author: Amy Acosta, LMSW	Service: —	Author Type: Social Worker
Filed: 01/09/20 1303	Date of Service: 01/09/20 1232	Creation Time: 01/09/20 1232
Status: Signed	Editor: Amy Acosta, LMSW (Social Worker)	

**VICTIM SERVICES PROGRAM**

Victim Services Program (VSP) Social Worker (SW) was referred cas3e by ED SW Laura Ramkisson, LMSW x4730. Patient is a 26-year-old woman who was BIBEMS to Bellevue Hospital s/p assault. Patient was reportedly assaulted by NYPD and MTA officers at Penn Station. VSP SW met with patient in the Discharge Center. VSP SW identified patient via name and wristband. Patient felt comfortable disclosing her story to this VSP SW. VSP SW provided patient with emotional support as needed throughout this conversation. VSP SW shared with patient services available via the VSP, such as advocacy with law enforcement, trauma therapy services and medical bill compensation via the NYS Office of Victim Services. VSP SW provided patient with information on how to report her assault to the Civilian Complaint Review Board (CCRB). Patient expressed that she felt unsafe returning to her home (she currently lives with her grandmother) as she believes these officers will attempt to find her in her home. VSP SW provided patient with information on going into a shelter. Patient expressed an interest in a DV shelter with Safe Horizon and this VSP SW explained the difficulty to obtain a shelter under non-DV circumstances. Patient was adamant about calling SH and this VSP SW supported her decision and provided her with their contact information. VSP SW allowed patient time to contact SH and followed-up again with patient in the DC. Patient was on-hold to speak with her insurance company. Patient contacted SH, though was told by them to contact another "national organization", per patient. VSP SW also provided patient with information to Barrier Free Living and shelters for single women in NYC (Help Women's Shelter and Franklin Street Shelter).

VSP SW will remain available to the patient as needed.

Amy Acosta, LMSW x4739

"Electronically signed by Amy Acosta, LMSW at 01/09/20 1303"


**Bellevue**

HHC HEALTH INFO MGMT  
160 Water St  
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Admit: 1/9/2020, Discharge: 1/9/2020

**ED Notes by Dawa Lhamo Dadak, RN at 01/09/20 1530**

Author: Dawa Lhamo Dadak, RN	Service: Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 1709	Date of Service: 01/09/20 1530	Creation Time: 01/09/20 1709
Status: Signed	Editor: Dawa Lhamo Dadak, RN (Registered Nurse)	

Patient called her own insurance for transportation, cab service.

"Electronically signed by Dawa Lhamo Dadak, RN at 01/09/20 1709"

**ED Notes by Dawa Lhamo Dadak, RN at 01/09/20 1615**

Author: Dawa Lhamo Dadak, RN	Service: Emergency Dept	Author Type: Registered Nurse
Filed: 01/09/20 1711	Date of Service: 01/09/20 1615	Creation Time: 01/09/20 1711
Status: Signed	Editor: Dawa Lhamo Dadak, RN (Registered Nurse)	

PCT Wheeled her to main entrance for her cab ride to her PCP as per patient . Patient refused Discharge instructions and sign discharge papers.

"Electronically signed by Dawa Lhamo Dadak, RN at 01/09/20 1711"

**Patient Information**

Patient Name: <b>Elbey, Prinyah Godiah</b>	MRN: <b>3726120</b>
Date of Birth: <b>04/18/1993</b>	Sex: <b>Female</b>

**Medication**
**acetaminophen (TYLENOL) tablet 650 mg**
**Order Information**

Date	Department
1/9/2020	Bellevue ED ADULT

**Order Providers**

Authorizing	Billing
William Plowe	William Plowe

**Hospital Medication Detail**

	Dose	Frequency	Start	End
<b>acetaminophen (TYLENOL) tablet 650 mg</b>	650 mg	Once	1/9/2020	1/9/2020
Route: Oral				

**END OF REPORT**
**Patient Information**

Patient Name: <b>Elbey, Prinyah Godiah</b>	MRN: <b>3726120</b>
Date of Birth: <b>04/18/1993</b>	Sex: <b>Female</b>

**Medication**
**ibuprofen (ADVIL, MOTRIN) tablet 800 mg**
**Order Information**

Date	Department
1/9/2020	Bellevue ED ADULT

**Order Providers**



Bellevue

HHC HEALTH INFO MGMT  
160 Water St  
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Admit: 1/9/2020, Discharge: 1/9/2020

#### Order Providers (continued)

Authorizing Aiden Rose Shapiro	Billing Aiden Rose Shapiro
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#### Hospital Medication Detail

	Dose	Frequency	Start	End
<b>ibuprofen (ADVIL, MOTRIN) tablet 800 mg</b> Route: Oral	800 mg	Once	1/9/2020	1/9/2020

#### END OF REPORT

#### Patient Information

Patient Name: **Elbey, Prinyah Godiah**  
Date of Birth: **04/18/1993**  
MRN: **3726120**  
Sex: **Female**

#### Medication

**ketorolac (TORADOL) injection 15 mg**

#### Order Information

Date 1/9/2020	Department Bellevue ED ADULT
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#### Order Providers

Authorizing Kyle Pasternac	Billing Kyle Pasternac
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#### Hospital Medication Detail

	Dose	Frequency	Start	End
<b>ketorolac (TORADOL) injection 15 mg</b> Route: Intramuscular	15 mg	Once	1/9/2020	1/9/2020

#### END OF REPORT

#### Patient Information

Patient Name: **Elbey, Prinyah Godiah**  
Date of Birth: **04/18/1993**  
MRN: **3726120**  
Sex: **Female**

#### Medication

**HYDROcodone-acetaminophen (NORCO)  
5-325 mg per tablet**

#### Order Information

Date 1/9/2020	Department Bellevue ED ADULT
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#### Order Providers

Authorizing Kyle Pasternac	Billing Kyle Pasternac
-------------------------------	---------------------------

#### Hospital Medication Detail

	Dose	Frequency	Start	End
<b>HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet</b> Admin Instructions: ** HIGH ALERT **	1 tablet	Once	1/9/2020	1/9/2020





# Bellevue

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Elbey, Prinyah Godiah  
MRN: 3726120, DOB: 4/18/1993, Sex: F  
Acct #: 201306244  
Admit: 1/9/2020, Discharge: 1/9/2020

## Hospital Medication Detail (continued)

	Dose	Frequency	Start	End
Route: Oral				

## END OF REPORT

## Patient Information

Patient Name: **Elbey, Prinyah Godiah**  
MRN: **3726120**  
Date of Birth: **04/18/1993**  
Sex: **Female**

## Medication

**ibuprofen (ADVIL, MOTRIN) 400 MG tablet**

## Order Information

Date	Department
1/9/2020	Bellevue ED ADULT

## Order Providers

Authorizing
Kyle Pasternac

## Outpatient Medication Detail

	Disp	Refills	Start	End
<b>ibuprofen (ADVIL, MOTRIN) 400 MG tablet</b>	30 tablet	0	1/9/2020	1/16/2020
Sig - Route: Take 1 tablet (400 mg total) by mouth every 6 (six) hours as needed for pain for up to 7 days.				
Take with food. - Oral				
Sent to pharmacy as: ibuprofen (ADVIL, MOTRIN) 400 MG tablet				
E-Prescribing Status: <b>Receipt confirmed by pharmacy</b> (1/9/2020 10:07 AM EST)				

## END OF REPORT

## Order

**DX Wrist Comp Left [IMG102] (Order 134479545)**

## DX Wrist Comp Left [134479543]

Electronically signed by: **William Plowe, MD on 01/09/20 0451** Status: **Completed**  
Ordering user: William Plowe, MD 01/09/20 0451 Ordering provider: William Plowe, MD  
Authorized by: William Plowe, MD  
Frequency: Once 01/09/20 0451 - 1 occurrence

### Questionnaire

Question	Answer
Reason for Exam	Point tenderness
Is the patient pregnant?	No
Would you like this exam to be performed portably?	No

## Result

**DX Wrist Comp Left (Order 134479545)**

## RESULTS

Resulted: 01/09/20 0557, Result status: Final  
result

### DX Wrist Comp Left [134479545]

Ordering provider: William Plowe, MD 01/09/20 0451  
Resulted by:  
Jessica Hu, MD  
Phillip Guichet, MD


**Bellevue**

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

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MRN: 3726120, DOB: 4/18/1993, Sex: F  
Acct #: 201306244  
Admit: 1/9/2020, Discharge: 1/9/2020

**RESULTS (continued)**

Performed: 01/09/20 0530 - 01/09/20 0550  
Resulting lab: EMC RAD  
Narrative:  
History: Bilateral wrist pain after handcuffs

Accession number: BEDX2606195  
Result details

Technique: DX WRIST COMP RIGHT, DX WRIST COMP LEFT

Comparison: None available.

Impression:  
Findings/Impression:

No acute fracture or dislocation. Alignment at both wrists is anatomic, joint spaces are preserved, and articular surfaces are unremarkable. No soft tissue abnormality.

Final report dictated by Phillip Guichet and signed by Jessica Hu, MD, 1/9/2020 5:57 AM

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - EMCRad	EMC RAD	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	01/24/07 1752 - Present

**Order**

**DX Wrist Comp Right [IMG103] (Order 134479546)**

**DX Wrist Comp Right [134479544]**

Electronically signed by: **William Plowe, MD on 01/09/20 0451**

Status: **Completed**

Ordering user: William Plowe, MD 01/09/20 0451

Ordering provider: William Plowe, MD

Authorized by: William Plowe, MD

Frequency: Once 01/09/20 0451 - 1 occurrence

**Questionnaire**

Question	Answer
Reason for Exam	Point tenderness
Is the patient pregnant?	No
Would you like this exam to be performed portably?	No

**Result**

**DX Wrist Comp Right (Order 134479546)**

**RESULTS**

Resulted: 01/09/20 0557, Result status: Final result

**DX Wrist Comp Right [134479546]**

Ordering provider: William Plowe, MD 01/09/20 0451

Resulted by:  
Jessica Hu, MD  
Phillip Guichet, MD

Performed: 01/09/20 0530 - 01/09/20 0550  
Resulting lab: EMC RAD  
Narrative:  
History: Bilateral wrist pain after handcuffs

Accession number: BEDX2606193  
Result details

Technique: DX WRIST COMP RIGHT, DX WRIST COMP LEFT

Comparison: None available.



Bellevue

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Acct #: 201306244  
Admit: 1/9/2020, Discharge: 1/9/2020

## RESULTS (continued)

Impression:

Findings/Impression:

No acute fracture or dislocation. Alignment at both wrists is anatomic, joint spaces are preserved, and articular surfaces are unremarkable. No soft tissue abnormality.

Final report dictated by Phillip Guichet and signed by Jessica Hu, MD, 1/9/2020 5:57 AM

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - EMCRad	EMC RAD	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	01/24/07 1752 - Present

## Order

ECG 12 Lead [ECG1] (Order 134479548)

### ECG 12 Lead [134479547]

Electronically signed by: **William Plowe, MD on 01/09/20 0532**

Status: **Completed**

Ordering user: William Plowe, MD 01/09/20 0532

Ordering provider: William Plowe, MD

Authorized by: William Plowe, MD

Frequency: Once 01/09/20 0533 - 1 occurrence

### Questionnaire

Question	Answer
Reason for exam?	Tachycardia

## Result

ECG 12 Lead (Order 134479548)

## RESULTS

Resulted: 01/13/20 1244, Result status: Final result

### ECG 12 Lead [134479548]

Ordering provider: William Plowe, MD 01/09/20 0532

Resulted by: Pedro de Armas, MD

Resulting lab: EMC RAD

Result details

Narrative:

Normal sinus rhythm

Normal ECG

No previous ECGs available

### Specimen Information

ID	Type	Source	Collected On
—	—	—	01/09/20 1059

### Components

Component	Value	Reference Range	Flag	Lab
Heart Rate	77	BPM	—	EMCRad
PR Interval	180	ms	—	EMCRad
QRSD Interval	64	ms	—	EMCRad
QT Interval	394	ms	—	EMCRad
QTcB Interval	445	ms	—	EMCRad
P-Axis Horizontal	68	degrees	—	EMCRad
QRS Axis	47	degrees	—	EMCRad
T Wave Axis	59	degrees	—	EMCRad



Bellevue

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Admit: 1/9/2020, Discharge: 1/9/2020

## RESULTS (continued)

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - EMCRad	EMC RAD	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	01/24/07 1752 - Present

## Order

**Ambulatory Referral to Med Primary Care  
(MPC) [REF40] (Order 134479553)**

### Ambulatory Referral to Med Primary Care (MPC) [134479553]

Electronically signed by: **Kyle Pasternac, MD on 01/09/20 1005**

Status: **Active**

Ordering user: Kyle Pasternac, MD 01/09/20 1005

Ordering provider: Kyle Pasternac, MD

Authorized by: Kyle Pasternac, MD

Frequency: 01/09/20 -

Order comments: Reason for Referral: primary care

## Result

**Ambulatory Referral to Med Primary Care  
(MPC) (Order 134479553)**

## RESULTS

Ambulatory Referral to Med Primary Care (MPC) [134479553]

Result status: No result

Ordering provider: Kyle Pasternac, MD 01/09/20 1005      Result details

Scan on 1/9/2020 0345 by Sophia Ianthea Porter: PSYCH OPT OUT (below)



# Bellevue

HHC HEALTH INFO MGMT  
160 Water St  
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Patient: Elbey, Prinyah Godiah  
MRN: 3726120, DOB: 4/18/1993, Sex: F  
Acct #: 201306244  
Admit: 1/9/2020, Discharge: 1/9/2020

ADULT AND C&A PSYCHIATRY HOSPITAL DIRECTORY  
CHOICE AND VISITOR RESTRICTION FORM

FAX OR DELIVER TO: Admitting (Fax #4672, Ext. 4353, RM GD 59)

CLERMONTINE, EL-BEY  
CSN: 33246869  
DOB: 4/18/1993 (26 yrs) F  
MRN: 4040258  
Adm Date: 1/9/2020



1. ☒ **CHOOSE NOT TO BE LISTED IN HOSPITAL DIRECTORY:** No information will be given to any caller, and no visitors will be allowed (BHC DEFAULT FOR PSYCHIATRY).

1A. ☐ **OPTION TO ALLOW VISITORS:** If patient/legal guardian chooses to Opt Out, only these individuals MAY visit and receive directory information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. ☐ **CHOOSE TO BE LISTED IN HOSPITAL DIRECTORY:** Information will be given to any caller who inquires, and there will be no restrictions on visitation NOT AN OPTION FOR C&A PSYCHIATRY.

2A. ☐ **OPTION TO RESTRICT VISITORS: ADULT:** If patient chooses to be listed, these individuals MAY NOT visit and no information will be given to them. C&A PSYCHIATRY: List additional specific visiting restrictions below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURES

Staff Signature

CA

Title

1/9/2020

Date

Pt unable

Patient/Legal Guardian Signature

1/9/2020

Date

Patient/Legal Guardian Unable ☐ Refused ☐ to complete information. Opt out until completed.

CLINICAL/ADMINISTRATIVE RESTRICTIONS

3. ☐ **RESTRICTION ON ALL VISITORS:** At request of the clinical or administrative team, visitation is restricted.

RESTRICTION AUTHORIZED BY

TITLE

No Visitors From \_\_\_\_\_ to \_\_\_\_\_ or NO VISITORS UNTIL FURTHER NOTICE  
Date Date

3A. ☐ **RESTRICTION LIFTED**

Date

4. ☐ **EXCEPTIONS:** Visitors allowed at other than regular visiting hours.

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Time Time

EXCEPTION AUTHORIZED BY

TITLE

DRAFT: Revision Date 03.22.10

Scan on 1/9/2020 0345 by Sophia Ianthea Porter: PSYCKES UNABLE (below)





**Bellevue**

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Elbey, Prinyah Godiah  
MRN: 3726120, DOB: 4/18/1993, Sex: F  
Acct #: 201306244  
Admit: 1/9/2020, Discharge: 1/9/2020

**Details about patient information in PSYCKES and the consent process:**

**1. How Your Information Can be Used.** Your electronic health information can only be used by your treatment provider to:

- Provide you with medical treatment and related services
- Evaluate and improve the quality of medical care provided to all patients
- Notify your treatment providers if you have an emergency (e.g., go to an emergency room)

**2. What Types of Information About You Are Included?**

If you give consent NYC-HHC BELLEVUE HOSPITAL CENTER can access ALL of your electronic health information available through PSYCKES. This includes information created before and after the date of this Consent Form. The information in PSYCKES may include information from your health records, such as a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays, blood tests, or screenings), assessment results, and lists of medicines you have taken. Care plans, safety plans, and psychiatric advanced directives you and your treatment provider may have developed may also be included. This information may relate to sensitive health conditions, including but not limited to:

- Mental health conditions
- Alcohol or drug use problems
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Sexually transmitted diseases

**3. Where Health Information About You in PSYCKES Comes From.**

If you received health related services that were paid for by Medicaid, information about those services will be in PSYCKES. If you received services from a State operated psychiatric center, health related information taken from your clinical records will also be in PSYCKES. However, although the information contained in PSYCKES may come from your clinical record, your PSYCKES record is not the same thing as your complete clinical record. PSYCKES information can also be entered by you or your treatment provider. Health information from other databases maintained by NYS is also included in PSYCKES. New health databases may be added to PSYCKES as available. For an updated list and more information about the data available in PSYCKES, visit the PSYCKES website at [www.psyckes.org](http://www.psyckes.org) and see "About PSYCKES" or ask your treatment provider to print the list for you.

**4. Who May Access Information About You, If You Give Consent.**

Only these people may access information about you: NYC-HHC BELLEVUE HOSPITAL CENTER's doctors and other providers who are involved in your care; health care providers who are covering or on call for NYC-HHC BELLEVUE HOSPITAL CENTER's; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.

**5. Penalties for Improper Access to or Use of Your Information.**

There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call \_\_\_\_\_ at \_\_\_\_\_ ext \_\_\_\_\_; or call the NYS Office of Mental Health Customer Relations at 800-597-8481.

**6. Re-disclosure of Information.**

Any electronic health information about you may be re-disclosed by NYC-HHC BELLEVUE HOSPITAL CENTER's to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information.

**7. Effective Period.**

This Consent Form will remain in effect until 3 years after the last date you received any services from NYC-HHC BELLEVUE HOSPITAL CENTER's, or until the day you withdraw your consent, whichever comes first.

**8. Withdrawing Your Consent.**

You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to \_\_\_\_\_'s. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms from this provider or from the PSYCKES website at [www.psyckes.com](http://www.psyckes.com), or by calling \_\_\_\_\_'s at \_\_\_\_\_ ext \_\_\_\_\_. Note: Organizations that access your health information through NYC-HHC BELLEVUE HOSPITAL CENTER's while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.

**9. Copy of Form.** You are entitled to receive a copy of this Consent Form after you sign it.

Revised 10.11.2016



# Bellevue

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MRN: 3726120, DOB: 4/18/1993, Sex: F  
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## PSYCKES CONSENT FORM NYC-HHC BELLEVUE HOSPITAL CENTER

The Psychiatric Services and Clinical Enhancement System (PSYCKES) is web-based application maintained by the New York State (NYS) Office of Mental Health (OMH). It contains health information from the NYS Medicaid database, health information from clinical records, and information from other NYS health databases. For an updated list and more information about the NYS health databases in PSYCKES, visit [www.psyckes.org](http://www.psyckes.org) and see "About PSYCKES."

PSYCKES data includes identifying information (such as your name and date of birth), information about health services that have been paid for by Medicaid, information about your health care history (such as treatment for illnesses or injuries, test results, lists of medication you have taken), and information entered by you or your treatment provider into the PSYCKES application (such as a Safety Plan).

The health information in PSYCKES can help your provider care. In this Consent Form, you can choose whether or not to give your provider electronic access to your health information that is in PSYCKES. You can give consent or deny consent, and this form may be filled out now or at a later date. **Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent will not be the basis for denial of health services.**

If you check the "I GIVE CONSENT" box below, you are saying "Yes, this provider's staff involved in my care may get access to all of my medical information that is in PSYCKES."

If you check the "I DENY CONSENT" box below, you are saying "No, this provider may not see or be given access to my medical information through PSYCKES." THIS DOES NOT MEAN YOUR PROVIDER IS COMPLETELY BARRED FROM ACCESSING YOUR MEDICAL INFORMATION IN ANY WAY. FOR EXAMPLE, IF THE MEDICAID PROGRAM HAS A QUALITY CONCERN ABOUT YOUR HEALTHCARE, THEN UNDER FEDERAL AND STATE REGULATIONS YOUR PROVIDER MAY BE GIVEN ACCESS TO YOUR DATA TO ADDRESS THE QUALITY CONCERN. QUALITY CONCERNS HELP HEALTHCARE PROFESSIONALS DETERMINE WHETHER THE RIGHT SERVICES ARE BEING DELIVERED AT THE RIGHT TIME TO THE RIGHT PEOPLE. THERE ARE ALSO EXCEPTIONS TO THE CONFIDENTIALITY LAWS THAT MAY PERMIT YOUR PROVIDER TO OBTAIN NECESSARY INFORMATION DIRECTLY FROM ANOTHER PROVIDER FOR TREATMENT PURPOSES UNDER STATE AND FEDERAL LAWS AND REGULATIONS.

**Please carefully read the information on the back of this form before making your decision.**

**Your Consent Choices.** You can fill out this form now or in the future. You have two choices:

☐ **I GIVE CONSENT** for this provider to access ALL of my electronic health information that is in PSYCKES in connection with providing me any health care services.

☐ **I DENY CONSENT** for this provider to access my electronic health information that is in PSYCKES; however, I understand that my provider may be able to obtain my information even without my consent for certain limited purposes if specifically authorized by state and federal laws and regulations

CLERMONTINE, EL-BEY  
CSN: 33246869  
DOB: 4/18/1993 (26 yrs) F  
MRN: 4040258  
Adm Date: 1/9/2020



Print Name of Patient

Date of Birth of Patient

Pt unable

1/9/2020

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

[Signature]

Sophia Porter

Signature of Witness

Print Name of Witness

Scan on 1/9/2020 0422 by June Bennett (below)



Bellevue

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Elbey, Prinyah Godiah  
MRN: 3726120, DOB: 4/18/1993, Sex: F  
Acct #: 201306244  
Admit: 1/9/2020, Discharge: 1/9/2020

1/9/2020 2:35 AM FROM: Physio-Control TO: +12125625138 P: 1

## Prehospital Care Report Summary

FDNY

Date: 01/09/2020 Call #: 0301 Booklet: 86169737 Branch: STA07 Time Zone: America/New\_York

### Call Information:

Disposition: Treated/Transported (10-82)

Initial Patient Acuity: Stable

Unit #: 07C1 - 07C Tour 1: 2300-0700, Ground-Ambulance - BLS Trip Type: Initial Trip

Run Type to Scene: Emergent (Immediate Response)

Incident Facility:

Incident Location: W 34 ST/7 AVE - Manhattan, NY 10120 (New York County)

Incident Location Type: Public Building

Receiving Facility: 2 - Bellevue (Hospital) - 472 1 Avenue - NY, NY 10016

Facility Address: 472 1 Avenue - NY, NY 10016

Destination Type: Hospital Emergency Dept

Dest. Reason: Nearest/Most Accessible Facility

Hospital Capability: Hospital (General)

Condition of Patient At Destination: Unchanged

Registration # N/A

Online Medical Control

Authorization Type: Protocol

### # Patients Transported

In My Unit: 1

# Patients at Scene: 1

Call Received: 02:42:44

Dispatched: 02:43:12

En Route: 02:43:16

On Scene: 02:48:58

Patient Contact: 02:48:58

Left Scene: 02:58:59

At Destination: 03:06:21

Transfer of Care: 03:17:12

In Service: 03:31:58

Time On Scene: 10 Min

Time to Destination: 23 Min

Total Time of Run: 49 Min

Loaded Mileage: 1.4 (Total Mileage: 1.4)

Crew Members: James Ward #2396, EMT Basic(DS)(DH); James Acevedo, EMT Basic(DOC)

Moved to Amb By: Stretcher Transport Position: Semi/Full Fowlers From Amb By: Stretcher

Call Origin: N/A Lights/Siren: Scene - No Lights and Sirens, Destination - No Lights and Sirens

### Patient Information:

Name: el-bey clermontine

Address: 40 ann st #2ba - ny, NY 10038

Phone:

Email:

SSN:

Driver License:

DOB: 04/18/1993

Gender: Female

Age: 26 Years

Weight: 150 lbs, 68.04 kg

Broselow:

### Other Contact Info

Name:

Phone:

Cell Phone:

Relationship:

Current Meds: \* NO KNOWN MEDICATION

Env Allergies: NKA

Med Allergies: \* NO KNOWN ALLERGIES (NKA)

Patient Physician:

Advanced Directives:

PMH: None

Comment:

Patient Physical Limitations:

Comment:

Pregnancy: No

Comments:

Comments:

Comments:

### Payer Information:

Work Related: No

Priority: Name: Self Pay

Type: Self Pay

Policy #:

Group #:

Policy Holder: Apt

Phone:

DOB:

Relationship of Patient to Insured:

40 ann st Apt 2ba ny, NY 10038

### Advance Beneficiary Notice

Not a Medical Necessity: No

Non Covered Service: No

NYC Health + Hospitals

Outpatient (Pre-Admission) Review - by Doctor

01/09/2020 2:35 AM 0301 0301 0301

Page 1 of 1



# Bellevue

HHC HEALTH INFO MGMT  
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1/9/2020 2:35 AM FROM: Physio-Control TO: +12125625138 P. 2

Mileage Beyond Closest Appropriate Facility: No  
Requested Service:  
Representative Relation:

Preferred Physician: No

### Clinical:

Onset Date/Time: 01/09/20 02:45:35  
Last Known Well Date/Time: 01/09/20 02:43:36  
Dispatch Reason (EMD): EDP EDP - Psychiatric Patient  
Medical Need:

Chief Complaint (Primary): behavioral disorder Duration: 1 Minutes  
Anatomic Location: Head  
Provider Impression: Not Listed (Specify in Narrative)  
Was this event weather related?: No  
Mechanism of Injury:  
Protocol 1:

Protocol 2:

### Assessments:

Time	Employee	Type	Summary
03 01:23	Acevedo, James	ABC	<del>Perinatal Negatives:</del> Airway: General: Patent Breathing: Rate: Normal Quality: Unlabored Lung Sounds: Left: Clear Lung Sounds: Right: Clear Circulation: General: Normal Skin Color: Normal Skin Temperature: Normal Skin Condition: Normal Skin Capillary Refill: Normal
03 01:33	Acevedo, James	Neurological	Mental Status: Normal Neurological: All Neuro Normal AVPU: Alert
03 02:27	Acevedo, James	Head To Toe	Head and Neck: Normal Left Eye: PERRL Right Eye: PERRL Neck: Normal

### Vitals:

Time	Employee	Summary
02 49:27	Acevedo, James	BP: Systolic Refused/ Diastolic Refused Pulse: Refused Resp: 18 Effort: Normal Glasgow Coma Score: E (Unable to complete) + V (Unable to complete) + M (Unable to complete) = N/A - Adult
03 01:27	Acevedo, James	BP: Systolic Refused/ Diastolic Refused Pulse: Refused Resp: 18 Effort: Normal Glasgow Coma Score: E (Unable to complete) + V (Unable to complete) + M (Unable to complete) = N/A - Adult

### Treatments/Medications:

Time	Employee	Summary
03 01:40	Acevedo, James	Treatment- 1 - BLS Assessment Attempts: 1 Success: Yes Response: Unchanged Complication: None Authorization Type: Protocol Level: BLS

### Supply

#### Qty Supply

01/09/2020 02:35 AM FROM: Physio-Control TO: +12125625138 P. 2



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1/9/2020 2:35 AM FROM: Physio-Control TO: +12125625138 P. 3

ECG Device Incident Number:

PowerFields:

PowerField  
CC / PI / MOI - Provider Impression - Primary impression - Did call type match  
presenting problem?

Value  
Yes

Narrative History Text:

PT 26 year old female found handcuffed in police custody after a she began kicking police while in elevator being ejected from train station. pt. refused all vitals transport to hosp. # 02 for evaluation monitor enroute.

Unable to Sign:

Unable to Sign Reason: Physically Incapable

Authorized Representative: No authorized representative is available or willing

Authorized Representative Signature: No

Secondary Documentation: Unable to obtain secondary documentation

Secondary Documentation Signature: No

Comment:

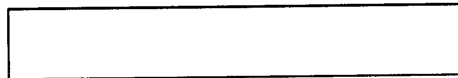
Auth Signature: No Privacy Sig: No Unable to Sign: Yes Refused to Sign: No

Signature Image(s):

Authorization Signature



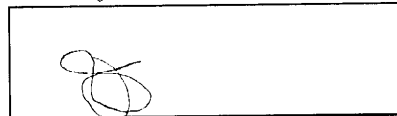
Privacy Notice Signature



Receiving RN / MD Signature - Jessica poster - 01/09/2020 03:17  
\*\*\*RN or "Nurse" is an UNACCEPTABLE entry. Crew members MUST document the  
RN or Nurse's FULL NAME\*\*\*



Technician Signature - Acevedo, James - 01/09/2020 03:28



NYC Health+Hospitals | Confidential Print - 01/09/2020 | 01/09/2020 03:28 | 01/09/2020 03:28 | 01/09/2020 03:28 | 01/09/2020 03:28

Scan on 1/9/2020 0343 by Sophia Ianthea Porter: UNABLE (below)





Bellevue

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## ACKNOWLEDGMENT OF ADVANCE DIRECTIVES

NYC  
HEALTH+  
HOSPITALS

Bellevue

### ADVANCE DIRECTIVES

Advance directives are defined as written or oral instructions concerning the provision of health care when a patient no longer has the capacity to make such decisions.

**There are four (4) types of Advance Directives:**

1. **Health Care Proxy** Appointing a person who would make health care decisions for the patient when the patient cannot make decisions for him/herself.
2. **Psychiatric Advance Directive** Advance instructions on how you want to be treated when you have a mental health crisis or are hospitalized.
3. **Living Will** Advance instructions provided by the patient about their future course of medical treatment when they no longer have the capacity to make such decisions.
4. **DNR (Do Not Resuscitate)** Advance instructions by the patient stating that he/she refuses to be brought back to life in the case that their vital organ system fails.

Medical Health Care Proxy forms are available in the Patient Advocacy Office, GD-90 or on the internet at:

<http://www.health.state.ny.us/home.html>

Click 'Info for Consumers' and then select 'Health Care Proxy' from the list.

More information and forms concerning Planning for your Mental and Physical Health Care and Treatment can be found on the internet at: [www.nyaprs.org](http://www.nyaprs.org)



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## ACKNOWLEDGMENT OF ADVANCE DIRECTIVES

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HOSPITALS

# Bellevue

We are required by law to ask you the following questions:

Do you need an interpreter?

☐ YES ☒ NO

If YES, Interpreter sign below

Interpreter \_\_\_\_\_ ID Number \_\_\_\_\_

Language

Used Eng

CLERMONTINE, EL-BEY  
CSN: 33246869  
DOB: 4/18/1993 (26 yrs) F  
MRN: 4040258  
Adm Date: 1/9/2020



1. Have you completed a Medical Health Care Proxy? (Designated someone who can make health care decisions if you are not able) if: ☐ Yes ☐ No

Name of Health Care Proxy/Agent \_\_\_\_\_

Telephone  
Number \_\_\_\_\_

2. Have you completed a Psychiatric Advance Care Directive? (It states your choice on how you want to be treated when you have a mental health crisis or hospitalization) IF: ☐ YES, GO TO #3 ☐ NO, GO TO #4

3. Do you have a copy of this form with you? ☐ YES (Copy for Chart) ☐ NO, GO TO #4 ☐ Copies in Chart

4. If you have not completed your Medical or Psychiatric Advance Directive, or you do not have a copy, would you like to complete one?

a) Medical Health Care Proxy ☐ YES (fax to 3366) ☐ NO b) Psychiatric Advance Directive ☐ Yes (Receive Information) ☐ No

5. Would you like to have a discussion to learn more about Medical Health Care Proxy?

☐ YES (fax to 3366) ☐ NO

6. Would you like to have a discussion to learn more about Psychiatric Advance Directives?

☐ Yes (Direct to CPEP social worker) ☐ No

"I acknowledge receipt of the booklet *Your Rights as a Hospital Patient in New York State* prepared by the New York State Department of Health, and of ADVANCE DIRECTIVES education."

Patient's Signature \_\_\_\_\_

Pt unable

Date 1/9/2020

OR

Signature of Patient's  
Representative \_\_\_\_\_

Relationship  
to Patient \_\_\_\_\_

Hospital Staff  
Representative \_\_\_\_\_

[Signature]

Date 1/9/2020

\* Patient unable to sign ☒

\* Patient refuses to sign ☐

\* STATE REASON

Pt unable/Agitated

REFERRED TO PATIENT ADVOCACY  
FOR THE FOLLOWING:

Date \_\_\_\_\_

Time \_\_\_\_\_  
fax to 3366

☐ Patient wants additional information

☐ Patient wishes to complete Health Care Proxy

☐ Education not possible (Patient unresponsive, Trauma, OR)

☐ Living Will

Advocate's Signature \_\_\_\_\_

Revised 3/14



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Document on 1/9/2020 1534 by Dawa Lhamo Dadak, RN: Visit Summary - Emergency Department (below)

## AFTER VISIT SUMMARY

El-Bey Clermontine MRN: 4040258

1/9/2020 Bellevue ED ADULT 212-562-4141

### Instructions



Your medications have changed

→ **START taking:**

**ibuprofen** (ADVIL, MOTRIN)

Review your updated medication list below.



Pick up these medications at Bellevue Hospital  
Center Pharmacy - New York, NY - 462 1st Ave.  
ibuprofen

Address: 462 1st Ave., New York NY 10016  
Phone: 212-562-2289



Ambulatory Referral to Med Primary Care (MPC)

Scheduled for 1/30/2020  
Expires: 7/7/2020 (requested)

### What's Next

JAN  
30  
2020

Follow Up Visit

Thursday January 30 1:20 PM

Ambulatory Care Building: 2nd Floor

Bellevue Primary Care  
462 1st Ave  
New York NY 10016  
844-692-4692  
Arrive at: AMB Care:  
Area 2C

## General Emergency Department Discharge Instructions

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself after you leave the Emergency Department. If you have further questions concerning this visit please call us at the included phone number above on this form. Please keep this form and bring it with you should you need additional treatment. If your symptoms become worse or you are not improving as expected and you are unable to reach your usual health care provider, or get to your follow-up appointment, you should return to the Emergency Department immediately. We are available 24 hours a day.

### Today's Visit

You were seen by Allon Mordel, MD and  
WILLIAM PLOWE, MD

Reason for Visit

Bilateral wrist pain

Diagnosis

Pain in both wrists

#### Imaging Tests

DX Wrist Comp Left

DX Wrist Comp Right

ECG 12 Lead

#### Medications Given

acetaminophen (TYLENOL) last given  
at 4:55 AM

HYDROcodone-acetaminophen  
(NORCO) last given at 10:00 AM

ibuprofen (ADVIL, MOTRIN) last given  
at 6:27 AM

ketorolac (TORADOL) last given at  
10:00 AM



With MyChart, you can... Message your  
doctor... Request refills... See test results...  
See your visit summaries and upcoming  
appointments and much much more...

To sign up go to **http://  
mychart.nyhealthandhospitals.org**,  
click "**Sign Up Now**", and enter personal  
activation code: **XX2SJ-97ZSJ**  
**Expires: 4/8/2020 3:34 PM.**

Additional Information:

If you have questions, you can go to  
**https://epicmychart.nychhc.org/help**  
to contact our MyChart staff. Remember,  
for emergencies, always call 911 - do not  
use MyChart.



Bellevue

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### General Emergency Department Discharge Instructions (continued)

*It is important that you keep appointments that may have been scheduled. If you are unable to make an appointment, please call the corresponding clinic to reschedule your appointment.*

## Instructions



Your medications have changed



START taking:

ibuprofen (ADVIL, MOTRIN)

Review your updated medication list below.

## Home Medication Information

The list of your home medications is based on the information provided by you (or your representative) during your Emergency Department visit, and/or the information contained in your medical record. In addition, some of your home medications **may have been changed** by the Emergency Department provider who evaluated you. These changes **may** include:

- New medications
- Changes to the amount or how often you take a medication
- Discontinuation of a medication

Please review the information below carefully. **Continue all your current medications as you are presently taking, with the exception of the following changes below. If you have questions about any of the medications or the changes, please contact your Primary Care Physician, the Provider who prescribed the medication, or your Pharmacist.**



Bellevue

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## Changes to Your Medication List

### START taking these medications



**ibuprofen** 400 MG tablet  
Commonly known as: ADVIL, MOTRIN

Take 1 tablet (400 mg total) by mouth every 6 (six) hours as needed for pain for up to 7 days. Take with food.

### Your Treatment Plan

The treatment you have received during your visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. The information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper treatment of your condition.

Thank you for being a patient at BELLEVUE ED ADULT today. If your prescription was sent to the internal hospital pharmacy, please keep this paper for your records and provide to the pharmacist when you arrive. Thank you again!

**Patient EMPI: 100464818 - For Internal Pharmacy Use Only**



100464818



10100464818



Bellevue

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## Acknowledgement of Discharge Instructions

- I understand the treatment received during this visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. I also understand the information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper ongoing treatment of my complaint/diagnosis.
- A member of the Emergency Department staff has reviewed the discharge instructions provided to me and has answered any questions I may have had regarding these instructions.

\_\_\_\_\_  
*Patient/Representative Signature*

\_\_\_\_\_  
*Relationship to Patient*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

**El-Bey Clermontine**

**CSN: 33247024**

**DOB: 4/18/1993**

female

**MRN: 4040258**

**Adm Date: 1/9/2020**







Bellevue

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**END OF REPORT**

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